

Meeting Notes

1. Introductions by participants:

Ed Barthell, Chair
Sandy Bissen
Stacia Jankowski
Lowell Keppel
Bob Schmidt

Debbie Siegenthal
Maureen Smith
Denise Webb
Susan Wood

2. Minutes of the July 25 meeting were circulated for review and there were no changes.

3. Review of eHealth Board meeting of August 3.

- a. Ed Barthell reported that he made the workgroup's report to the Board, and received feedback on the workgroup's activities.
- b. The Board noted that there was more focus on exchange of information than on adoption of the technology. Dr. Barthell said that he thinks this will be addressed through the MetaStar survey that is to be completed. The group discussed the assumption that if an exchange was in place it would encourage adoption of the technology.
- c. The tentative schedule for reporting to the Board is to have a draft of the plan by September, with the September 28 meeting reserved for resolution of any issues/problems that still exist within the plan.
- d. The Governance Workgroup has begun to meet and has laid out its activities for the remainder of the year.

4. Vetting results with stakeholders. Dana Richardson provided a list of stakeholders to Susan Wood. Ms. Wood recommended that the list be sent to the workgroup for gap analysis.

Ms. Wood recommended that a listening session with webcast capability be arranged for September, for stakeholders to learn more about what the Patient Care group is recommending and why, and to get reaction and advice. The workgroup members agreed and suggested September 14 as a possible date, preferably in the afternoon. Ms. Wood offered to draft a description of the event to share with the workgroup members. The plan for this event will be discussed at the next meeting.

5. Use case scenarios – review and establish detail.

Dr. Barthell walked through the items on the use case scenario document. After further discussion, the group decided that this table needed more information to make it useable to the group. The table will be modified to include the following:

- Use cases, including a brief description for each title;
- How it corresponds to the American Health Information Community (AHIC);
- How stakeholders will use it; and
- Technical considerations.

An updated table incorporating the issues addressed at the meeting will be made available prior to the next meeting.

6. Progress in achieving the assignments set out in the charter.

Agenda items for upcoming meetings include:

- Further work on use cases
- Solidify plans for vetting recommendations with stakeholders
- A report from public sector health care providers (Corrections and Mental Health) on their plans to adopt health information technology
- Review of final recommendations to the eHealth Board for the Action Plan to the Governor

Wisconsin Proposed Use Cases ¹	AHIC Harmonized Use Case	How stakeholders will use (Quality improvement, clinical care, quality reporting, etc.)	Technical considerations
<p>1. Result and document delivery - The exchange of results reports (e.g., labs, imaging, etc.) between providers or across organizations. For example, when a patient sees a specialist, currently the results are sent to that provider upon receipt of a signed release from the patient.</p> <ul style="list-style-type: none"> ➡ Public Health Electronic Lab Reporting (Mandated) <ul style="list-style-type: none"> ➡ Public Health Lab Decision Support Alerts ➡ Result and document look-up ➡ Image delivery and/or look-up ➡ “Original record” content (e.g., clinical records, test interpretations) linked to patient summaries for look-up 	1. Laboratory Results Reporting use case	Clinical care, quality improvement	<p>Phasing consideration, particularly related to imaging.</p> <p>How would editing or updating a patient’s information occur?</p> <p>Would the data be accessible only in query format or could the data be imported? Does this need to be addressed in stages?</p>
<p>2a. Registration and claims record repository – This is the exchange of historical information on past visits upon registration. An example of how this information could be acquired is through a link to a regional health information organization database where a query is performed upon completion of the registration process for an appointment.</p> <ul style="list-style-type: none"> ➡ Registration-driven authorization for look-up functions ➡ Look-up prior visits/diagnoses <ul style="list-style-type: none"> ➡ Public health chief complaint (CC) surveillance ➡ Public health CC Decision Support Alerts² ➡ Public health demographic Decision Support Alerts <p>Public health resource utilization surveillance</p>		Clinical care, quality improvement, surveillance, public health	Need for a way to uniquely identify a patient and link their records, such as a master person index (MPI).

¹ Arrows indicate subsequent use case development that is at least partially dependent on prior use case development.

² PH Decision Support Alerts: envisions possible transmission of a public health message to a provider (possibly later to patients) related to a patient with a particular laboratory result (e.g., lead level, syphilis test); chief complaint; or demographics/past diagnoses (e.g., asthma). A suggestion was to delete the medication alert because the medication list as currently envisioned is historical, not real-time (as opposed to an e-prescribing system) and alerts based on historical data may be both repetitive and irrelevant.

Wisconsin Proposed Use Cases ¹	AHIC Harmonized Use Case	How stakeholders will use (Quality improvement, clinical care, quality reporting, etc.)	Technical considerations
<p>2b. Patient Health Record registration module – Providing patient information in a way that allows them to update, correct, and add information. An example would be an online patient record where information such as address, chief complaint, and advance directives could be made available for the patient to view.</p> <ul style="list-style-type: none"> ➡ Patient data aids registration ➡ Advance directives viewable 	2. Consumer Empowerment (registration and medication history) use case	Clinical care, quality assurance, quality improvement	Methods for ensuring security of this data, particularly verifying that the information made available is for the patient that is being treated.
<p>2c. Medication-Allergy-Immunization record – This would be a portion of a person’s medical record that contains all their medication, allergy, and immunization records.</p> <ul style="list-style-type: none"> ➡ Clinician look-up or download <ul style="list-style-type: none"> ➡ Allergy/interaction decision support ➡ Patient adherence decision support ➡ Formulary decision support ➡ Evidence-based medicine (EBM) guidelines decision support ➡ Added to Patient Health Record <ul style="list-style-type: none"> ➡ Future patient decision support ➡ Patient annotation of medical-allergy-immunization record 	2. Consumer Empowerment (registration and medication history) use case	Clinical care, quality assurance, evidence-based medicine	<p>How long is data to be stored in the system?</p> <p>How long is data going to be available for display in the system? Will there be the option for recalling historical data?</p> <p>Will the amount of data affect how long it takes to retrieve information?</p>
<p>2d. Harmonization of Wisconsin Immunization Registry (WIR)-Regional Early Childhood Immunization Network (RECIN)³ data and function – The WIR and RECIN currently both collect immunization data. This use case describes a method for harmonizing these two data sets. This could be accomplished through the merging of the two data</p>	2. Consumer Empowerment (registration and medication history) use case	Clinical care, surveillance, public health	

³ Regional Childhood Immunization Network (RECIN) is a computer program at Marshfield Clinic that shares immunization information with many doctors' offices, public health departments, and schools. More information can be found at <http://www.recin.org/>.

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sets or linking to both data sets as inputs. This could be expanded to other immunization registries to populate the repository.			
(Above-mentioned surveillance of mandated laboratory reports, chief complaints and health care resource utilization)	3. Biosurveillance use case		